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ABSTRACT

A collection of six papers, this monograph illustrates how early childhood personnel can work together to eliminate overlap in services, keep communication open, and assist each other in providing appropriate, quality services to young handicapped children residing in rural areas. Mary T. Morse ("Interagency Coordination: An Overview") designates processes involved in developing specific work plans for agency cooperation. Doris I. Helge ("Implications of National Research for Interagency Collaboration in Rural Early Childhood Handicapped Programs") overviews what agencies are doing throughout the country to facilitate collaboration and outlines their concerns about what is lacking. Christine Bartlett and Sue Mackey ("Interagency Troubleshooting: A Problematic Approach") detail the need for service providers to be knowledgeable about agency workings at both local and state levels. James Fitch ("The Personal Touch in Achieving Interagency Cooperation") provides guidelines for establishing interagency cooperative efforts. Jamie Tucker and Mary Tom Riley ("Laying the Groundwork--How and Where to Begin") describes Project Family Link, a home-based program in west Texas. Harris Gabel ("Inservice Training as a Vehicle for Interagency Coordination in Rural Communities") presents inservice training of personnel as utilized by the Family, Infant, and Toddler Project in middle Tennessee as yet another way to facilitate interagency coordination. (NEC)

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MAKING IT WORK IN RURAL COMMUNITIES

Interagency Coordination:
A Necessity In Rural Programs

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RC 013106

A Rural Network Monograph

Coordinator: Steve Threet
Task Force Chairperson

hceep Rural Network

About the Rural Network Monographs

The State of the Art Task Force has as its responsibility the collection and distribution of information related to effective strategies for delivering services to rural young handicapped children and families. During 1980 - 81, a series of monographs was undertaken by contributors across the country under the editorial direction of Patricia Hutinger. Contents of the first set of monographs (see back cover) reflects the most pressing needs of rural HCEEP projects. Other topics are under consideration by members of the Rural Network and will be forthcoming.

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OSE Project Officer, Sandra Hazen

June 1981
The Rural Network
Western Illinois University Press

A RURAL NETWORK MONOGRAPH

INTERAGENCY COORDINATION: A NECESSITY IN RURAL PROGRAMS

Introductions by
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Contributors:
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Coordinator: Steve Threet
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August, 1981

hceep Rural Network

PREFACE

With the economic realities of today and the prevalent political attitudes toward social programs in this country, interagency coordination has become more of an essential component of successful rural service delivery to young handicapped children than ever before. A tradition of interagency collaboration has previously existed in rural communities, born out of the scarcity of professional services and resources in these areas. However, now, in response to the cutting of social programs and the lessening of monies for those left in existence, a more concerted effort toward interagency cooperation is necessary. Today, we cannot afford to have agencies independently functioning in a community, with resultant fragmented services and competition among programs. While it is not imperative for agencies to merge together into one all-encompassing program in order to achieve successful delivery of services, we must have a working relationship among the agencies that serve the young handicapped which is cooperative and coordinated, which obtains optimum quality and cost effective service delivery in rural areas.

The purpose of this monograph, one of a series developed in the HCEEP Rural Network, is to illustrate how early childhood personnel can work together to eliminate overlap in their services, to keep communication open and to assist each other in such a way that they will be able to provide appropriate and quality services to our young handicapped children who reside in rural areas.

August, 1981
Murray, Kentucky

Steve Threet

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INTRODUCTION

The two papers in the following section provide a general overview of the concept of interagency coordination and the implications of national research on coordination/collaboration. The first paper defines interagency coordination, explains the different types of interagency relationships and summarizes the factors which facilitate successful and ongoing interagency coordination. The second paper illustrates that while agencies in rural communities have collaborated their service delivery efforts in the past, the staff of these agencies, according to the results of national surveys, feel considerable lack of strength and skills when it comes to applying the concepts of coordination to their efforts.

Morse's paper designates the processes involved in developing a specific work plan for cooperation among agencies. She specifies that efforts do not have to be complex or formal in nature at first, but once initiated can be built upon for more comprehensive implementation and functional organizational structure. Specific aspects of programs to which interagency linkages can be applied are provided by Morse, as are factors which contribute to successful coordination in a community.

Helge's paper provides an overview of what agencies are doing throughout the country to facilitate collaboration, as well as outlining their concerns about what is lacking. Her report is based on the findings of several national surveys which she examines in detail to support her assertions. While the compiled data exhibit positive trends in the development of interagency coordination, several problems are indicated. She specifies the problems and the effective service delivery strategies which are employed by rural school systems and cooperatives. Helge provides us with data concerning what needs must be met for an organization to effectively collaborate with other agencies, what antecedents are necessary to initiate collaboration, and what an agency's role should be in facilitating collaboration.

The two opening papers give us an understanding of what interagency coordination is and why it facilitates rural service delivery. They provide a background for the papers which follow: an examination of the approaches necessary in making interagency coordination a positive strategy for programs to employ and then two practical examples of First Chance programs effectively utilizing the concepts.

INTERAGENCY COORDINATION: AN OVERVIEW

Mary T. Morse

In order to implement a comprehensive care plan for the young handicapped child and his/her family, any services that will promote the family's capacity for care, while simultaneously providing related services, must be coordinated. Sources of support for a child, including diagnostic and evaluation services, counseling, educational services, environmental modifications, in-home training for parents, therapy, medical and health care, transportation, financial assistance for the family, legal services, pharmaceutical assistance, respite care and so on, vary from community to community, but the availability and accessibility of the wide range of service systems found in urban areas is lacking in rural areas. Often times social programs have focused on the solution of a narrow range of problems and have been limited in scope by state and/or federal policies determining the way the programs were to be funded, who would be served and who would serve. This results in many different agencies offering similar services, often overlapping each other in their provisions for the child. Especially in rural areas, where monies and services are limited, there must be a concerted effort on the part of all involved in providing services to children to prevent wasted money and effort which result from overlapping services. Early Childhood personnel must strive for a coordinated effort on behalf of the child.

Interagency Coordination -- What Does It Mean?

Coordination is defined as harmonious, integrated action or interaction. In applying the concept of coordination to a variety of agencies within a system or community, we are referring to a process of utilizing existing resources for a specific purpose to attain a specific goal--in this case, the promotion of comprehensive services to young, handicapped children and their families residing in rural areas.

Coordination is neither a static process nor an end unto itself; but, to be successful, continually accommodates to changing needs and demands. According to Rogers and Glick (1973) and Williams and Lassey (1974) coordination is possible when those in the position of changing policy join together in a mutual program through:

1. reaching a consensus regarding the nature of the problem and the scope of the problem;
2. identifying key organization(s)/personnel for cooperating in addressing the problem;
3. securing individual organizational/personnel commitment to work toward resolution of the problem;

4. agreeing to coordinate organizational/personnel activities toward resolution of the problem;
5. reaching consensus of appropriate approach/methods to be taken to resolve the problem;
6. reallocating resources from the coordinating organizations toward achieving the goal;
7. reaching concensus regarding objectives of interagency coordination activities;
8. developing a structure for coordination;
9. developing a specific work plan.

Initial coordination efforts between diverse agencies and/or professionals are usually modest, beginning with informal planning sessions with representation from each agency, establishment of limited goals and projects, and recommended timelines. A task force may be appointed to organize, expedite and supervise the completion of recommended projects. Outcomes of initial efforts usually include evaluation reports on the projects and interagency coordination effectiveness, review of gaps in service and recommended potential priorities and new projects. If the initial informal coordination efforts meet with reasonable success, more comprehensive planning and implementation will result with expanded goals, more functional organizational structure and an increased capacity to deal with a wider scope of problems.

Types of Interagency Relationships

According to Crawford and Leadley (1978), there are three primary types of interagency relationships.

1. Pluralism is characterized by the independent functioning of each agency, and results in highly fragmented, frequently competing services. Absence of community interagency activity may be considered an extreme.
2. Fusion (the other extreme) is characterized by two or more agencies merging and results in a relationship based on integration and a new identity.
3. Coordination/collaboration (the subject of this monograph) is a form of interagency relationship that is midway between the two extremes of pluralism and fusion.

Interagency coordination/collaboration may be informal or it may be formal. Informal coordination indicates that participation is by choice and that any participant may elect not to continue. Control is through internal group influence rather than a single authority. Coordination is accomplished through peer group common agreement. Informal coordination involves no written agreements/contracts, and, since there is no monetary or promotion incentive for participation, it is usually maintained because of the desire of the individuals involved. It is, therefore, subject to termination. Informal efforts are normally used in referring clients and in sharing supplies and services.

Formal coordination, on the other hand, involves written agreements regarding procedure, staff, time, and money. While it requires administrative involvement (as seen between federal and state agencies), formal agreements do not necessarily enhance active coordination at

the service provider level. Formal coordination is characterized by a central authority, definite rules/procedures/guidelines and clearly defined duties. Termination is not a simple undertaking. Authority is usually delegated downward in a single line of command.

A more recently recognized avenue for coordination of community efforts may be seen in the utilization of coordinating councils comparable to the United Nations Security Council's format as a federation of agencies/services. Any action is supported by the constituent members, but each component retains its individual sovereignty (also comparable to regional governments). Coordinating councils are based on the premise that no one agency can (or should be expected to) meet the multiplicity of child/family needs. Through integrated action, the pitfalls of parallel systems can be avoided; i.e., duplication of services, competition for clients and funds, and gaps in service delivery to individual clients. Parallel systems are recognized as being high in costs--both monetary and in human energy.

According to Magrab, et al. (1976), interagency linkages might include, but would not be limited to:

1. Budgeting
   a. Joint budgeting whereby agencies cooperatively develop one budget
   b. Joint funding in which two or more agencies pool resources to fund service(s)
   c. Fund transfer whereby funds for service A are transferred for service B
2. Administration
   a. Formal purchase of service agreements
   b. Centralized personnel administration
   c. Joint use of staff to deliver service(s)
   d. Staff transfers in which staff member is paid by one agency, but administered by another agency
   e. Staff outstationing whereby a staff member is placed at another agency
   f. Co-location whereby staff of several agencies are housed together
   g. Servicing of grants
   h. Administrative support services; i.e., bookkeeping/materials/consultants
   i. Centralized record keeping
3. Planning
   a. Structured cooperative planning for total service needs and priorities
   b. Cooperative development of administrative policies/procedures/guidelines
   c. Joint problem-solving utilizing existing resources
   d. Information sharing
   e. Joint evaluation of effectiveness of service delivery in meeting client needs

Effective interagency coordination requires both administrative and service provider support and effort (time, money, dialogue). Administrators

need assurances that interagency coordination will not increase their costs and that responsibilities will be delineated and divided. In addition, administrators need assurances that interagency goals will be compatible with their respective agency's goals, that activities will not detract from their agency receiving recognition, and that their own individual administrative authority will not be diminished.

Factors Facilitating Successful and Ongoing Interagency Coordination

There must be an overarching goal and set of objective-reaching procedures to tie agencies together in their endeavors and to ensure positive results. According to Mahoney (1980), the following factors facilitate successful coordination.

1. Participating agencies/personnel must define their roles and responsibilities regarding clients to be served, professional personnel involved, funding, geographical area, and service activities. This may be accomplished formally (at the administrative level) or informally (at the service provider level).
2. Groups must be in philosophical agreement regarding acceptable and appropriate practices/methods. Without this consensus, agreements are invalid.
3. Agencies and their staffs must reach a consensus on evaluation procedures regarding the interagency coordination efforts.
4. The single most critical factor to insure interagency coordination is MOTIVATION. The fewer the agencies in a geographical area, the more visible the need for coordination. Larger agencies may be less motivated than small agencies, whereas the smaller agencies may feel less "powerful"/more threatened.

Effective interagency coordination can result in improvement of comprehensive and coordinated services, with fewer clients "lost through the cracks." Through reduction in duplication of services, cost effective services tend to reduce both parental and professional confusion and frustration at the wide range of specialists and specialized services with which they must struggle to access and interact.

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IMPLICATIONS OF NATIONAL RESEARCH FOR INTERAGENCY COLLABORATION IN RURAL EARLY CHILDHOOD HANDICAPPED PROGRAMS

Doris Helge

Concerns of Educators of Young Handicapped Children Regarding Interagency Collaboration

Educators of young handicapped children have historically emphasized interagency collaboration. This has been particularly true in rural areas as preschool children and infants with handicaps have needed a multitude of interdisciplinary services. The Honorable Wes Watkins, Chair of the U.S. Congressional Rural Caucus, stated in the 1981 National Rural Leadership Conference, "Two-thirds of all inventions are from rural America because scarce resources are the Mother of Invention." Based on their work in communities with scarce professional resources and services, most early childhood educators working with rural handicapped children would verify this comment.

Although interagency collaboration (IAC) was the topic most frequently assessed as a strength of Handicapped Children's Early Education Project (HCEEP) staff in the pre-conference survey for the March 1980 HCEEP Workshop, IAC was also noted to be a dubious "blessing" responsible for initiating a great many concerns.

For example, although IAC was the most frequently noted strength, only 24 of 150 (16%) of the respondents felt they had significant skills in this area. The same survey identified numerous concerns and problem performance areas dealing with IAC, such as problems "dealing with a variety of agencies" and "developing skills in working with service providers." Similarly, not one of the 150 respondents marked knowledge or utilization of "what other fields have learned" as a strength, although it had been determined as a high participant interest area; and 23 of the other 25 survey topics were mentioned by at least a few projects as areas of strength.

Although IAC had been the most frequently cited strength of HCEEP staff, of paramount importance is the fact that in a conference working session, high demands for IAC were noted as major factors contributing to staff stress. Such issues as methods of developing and improving relationships with medical and public health personnel and developing cooperative transportation systems were seen as particularly troublesome. HCEEP staff expressed interests in enhancing their abilities to facilitate long-term coordination, to document interagency relationships, to overcome resistance to change, and to facilitate conflict resolution (Black et al., 1980).

The Larger Perspective--the "State of the Art" of Interagency Collaboration in Rural Schools

The concerns of the HCEEP project directors reflect problems and concerns of special educators attempting to serve handicapped children of all ages. Increasingly scarce resources and additional education service requirements mandated by Public Law 94-142 and Section 504 of the Vocational Rehabilitation Act have emphasized the need for interorganizational relationships in rural schools. The current conservative era and federal cutbacks are likely to make IAC at the local level even more imperative. Across the nation, state level tax reduction initiatives and groups of constituents and legislators are demanding evidence of non-duplication before approving new and continuing appropriations for services. Consumers are demanding more of service delivery systems and are using litigative and legislative vehicles more frequently.

One irony of current mandates for IAC to avoid duplication is that repetition of services has seldom been a problem in rural areas. Rather, rural schools have generally chosen to share information, funds, clients, staff, programs, facilities, and equipment in attempts to address severe gaps in service delivery systems. Some small districts have formed collaborative organizational structures solely because of the provision of PL 94-142 specifying that a district must apply for a minimum of $7,500 for their service delivery systems. However, the major reasons for rural IAC have clearly focused on scarcity of needed resources vis-á-vis bureaucratic complexity.

Congressional mandates for equity for handicapped populations, including the Elementary and Secondary Education Act (ESEA), PL 94-142, and Section 504, are clearly not being met in rural areas. Twenty percent of all rural populations live in poverty. The percentage of rural school children not enrolled in any school represents a non-enrollment rate of nearly twice that of urban areas. It has been indicated that the extent of handicapping conditions is proportionately larger in rural than in urban areas, and that rural schools have the largest unserved special needs population (OSE Rural Special Education Task Force Report, 1979; National Institute of Education, 1975; Helge, 1980).

Problems of organizing to deliver rural special education services relate to the basic generic difficulty of rural districts--how to provide economical, specialized programs in small school units. The cost per unit of specialized services is higher in rural areas than in urban areas due to fewer professional resources available, transportation barriers, and other rural attributes.

Although rural communities devote more of their resources to education than do their urban counterparts, the Coleman Report (1966) indicated rural educational achievement was significantly lower than urban. A National School Board Association survey, assessing costs of educating handicapped children according to the mandates of PL 94-142, found that small school districts had experienced the sharpest increases in special education costs of all U.S. districts (Education of the Handicapped, June 20, 1979).

Educational collaboratives have been viewed as a means by which rural schools and districts can share specialized human, material and technical resources without consolidating. It has generally been possible for collaboratives to maintain a service orientation rather than overemphasizing regulatory functions. According to Mack and Stephens (1979), special district educational service agencies such as state-mandated Board of Cooperative Educational Services (BOCES) or Pennsylvania Intermediate Education Units have made significant contributions of programs and services to public local education agencies (LEAs).

Special education has been a predominant concern of and reason for burgeoning cooperatives. PL 94-142 regulations specify that any LEA unable to qualify for a $7,500 allocation (based on the number of handicapped children served) will receive no pass-through funds. This mandate has stimulated the development of various types of consortia to provide special services. A 1979 National Institute of Education (NIE)-funded study of education service agencies discerned that: (1) special education was a universal priority of all agencies surveyed, and (2) over one-third of all expenditures of all the systems related to special education. In fact, special education staff constituted nearly one-half the total staff of all agencies (Mack & Stephens, 1979).

While regionalized service delivery has allowed a greater range of special education and related services to be provided with fewer personnel than would be the case when offered by individual districts, collaboratives have definitely not offered panaceas. Regionalized special education has often resulted in arguments over the locus of decision-making control, the location of the unit, personnel choices, loss of community pride and ownership in programs, and higher transportation costs (Education of the Handicapped, June 20, 1979).

Centralized services have frequently amplified bussing problems. Savings accrued from serving larger numbers of students have sometimes been negated by greater costs of transportation, more drivers and fuel, and faster bus depreciation (Schrag, 1979).

The National Comparative Study Regarding Rural Special Education Delivery Systems Before and After Passage of PL 94-142, conducted by the OSE-funded National Rural Research and Personnel Preparation Project (NRP), addressed several strengths and concerns regarding the functioning of rural special education cooperatives and interagency agreements (Helge, 1980). Forty-three special education cooperatives and 32 districts in 17 states were involved in the study.

Almost all (97%) of the LEAs/cooperatives sampled had developed interagency agreements to facilitate a free, appropriate public education for rural handicapped students. These agreements were with agencies that varied from mental health, public health, and law enforcement agencies to universities and private foundations. Previously unavailable services such as physical and occupational therapy had been made available in many rural districts/cooperatives at no costs to families via such interagency agreements.

Incontrovertible evidence existed that the 394% change in preschool screening (the largest increases identified in any service) and the 800% increase in the numbers of 3- and 4-year-olds served were partially due to improved IAC efforts.

Table 1 below, illustrates the types of interagency involvement before and after passage of PL 94-142.

Table 1

Types of Interagency Involvement Before and After Implementation of PL 94-142

	Before PL 94-142	After PL 94-142	Percent Change
Mental Health & Comprehensive Care Agencies	25%	48%	+92%*
Vocational Rehabilitation Agencies	07%	17%	+143%*
Residential Placement Agencies	09%	11%	+22%
Social Service Agencies	21%	25%	+19%
Law Enforcement Agencies	07%	09%	+29%
Public Health and Professional Medical Agencies	19%	13%	-32%
Family & Child Service Agencies	08%	13%	+63%
Cooperatives	07%	29%	+314%
Head Start Agencies	03%	04%	+33%
Universities	0%	05%	**
Private Foundations	0%	05%	**
Other: Easter Seal, CETA, Sheltered Workshops	01%	11%	+1000%*
No Interagency Agreements	31%	03%	-90%*

* Significant to the .05 level
** Increase infinite; statistic cannot be calculated

Although these data exhibit positive trends in the development of interagency agreements, several problems were indicated by the 1980 study. Interagency agreements possible in suburban and urban districts were found to be less feasible in remote areas far from certain types of agencies and programs. In addition, data from the National Comparative Study strongly indicated that a full range of potential agreements had not been fully explored with entities such as preservice programs, law enforcement agencies, and private foundations. Many LEA/cooperative personnel expressed reservations about their grant-writing skills and concerns about requesting assistance from social agencies and university personnel.

The following additional concerns regarding inter-district collaboratives were identified in the study.

1. Goal displacement was a potential in that emphasis on cost efficiency sometimes became the overriding goal of an administrative structure, and individual child needs were placed at a lower priority level. A caveat seemed to be necessary in maintaining foci on the true purposes of the cooperative.

2. Adequate consideration had to be given to establishing effective relationships between the cooperative headquarters and each district in regular, as well as special education matters. This included lines of accountability of all personnel hired by the cooperative to work with some or all districts involved. Problems frequently occurred when guidelines for dividing service time for cooperative personnel among various duties and districts were not clearly formulated. Some cooperatives found it effective to allocate district costs for the cooperative staff on the basis of the amount of time and service delivery in that particular district, and other districts preferred that staff be paid on an equally split basis, no matter where services were delivered.

3. Many cooperative personnel were concerned with the abilities of shared personnel to cover vast distances effectively, such as extremes of 24,000 square miles and entire islands. Many special education supervisory staff hired by the cooperatives were unable to effect special education staff work with their districts. They either had no hiring input or no control over staff actions, as many special education personnel were deemed to be accountable to the building principal once they entered his or her building.

4. Many staff hired by cooperatives were concerned that district personnel were abrogating their responsibilities toward the handicapped by allocating all responsibility for handicapped students to the cooperative. They felt the need for better education and commitment of district personnel in understanding their roles and complying with PL 94-142.

National Initiatives for Interagency Collaboration

A variety of public and private agencies must be involved in providing services to handicapped children and their families. Yet a 1974 Rand Corporation report concluded that IAC efforts were typically inefficient and inordinately complex. A 1978 study of the Office of the Comptroller General of the United States found (1) duplication of services and competition between agencies, (2) wasted resources, (3) barriers obstructing service access, and (4) inadequate services (Rosenau, 1980).

The Second Annual Report to Congress on the Implementation of PL 94-142 (1981) of the U.S. Office of Special Education (OSE) determined another major problem to be ascertaining which program will provide or pay for a given service and under what conditions. For example, many state statutes prohibit an agency from using state funds to pay for services if another public or private agency could cover such services. On the premise that under PL 94-142, a state education agency was making certain services "generally available," non-educational agencies in such states either withdrew or diminished services.

United States Senate and House Subcommittee oversight hearings on PL 94-142 have provided a major sounding board for representatives of consumer and advocacy groups and service agencies. One of the ten most frequently cited topics in the hearings was IAC. (From Liaison Bulletin, [Supplement], Nov. 17, 1979, published by NASDE, Inc., Washington, D.C.)

The Interagency Collaboration Primer of the Regional Resource Center Task Force on Interagency Collaboration (1979) related that federal and state offices reorganized after the above inquiries and reports in an effort to improve service delivery coordination. After follow-up studies indicated little improvement as a result of reorganization efforts, a federal interagency initiative was launched. This initiative included key agreements between major agencies providing services to handicapped children and youth with specific roles and responsibilities of agencies clarified. The agreements were to serve as prototypes for subsequent agreements at the state and local levels that more clearly specified programmatic and monetary responsibilities for different agencies providing services.

OSE's Second Annual Report to Congress (1981) detailed interagency coordination as a major administrative function of the agency. OSE also made efforts to encourage innovative practices leading to collaboration in delivering services.

For example, the OSE and other federal agencies jointly developed policy statements explaining how certain programs may legally continue to provide services and how the various agencies may appropriately collaborate. Every recent major piece of legislation dealing with the handicapped has contained some provisions for the integration or coordination of services across major agencies. The information of the Department of Education and the activities of the Task Force on Equal Educational Opportunity for Handicapped Children created in 1980 substantially increased coordination of enforcement of PL 94-142 and Section 504 of the Rehabilitation Act of 1973.

Perspectives of National Leadership Personnel Regarding the "State of the Art" of Interagency Collaboration at the National Level

The above issues and activities were further addressed by the NRP in 1980-81 via a study regarding IAC efforts to facilitate services for rural handicapped students. The NRP has been conducting national research since 1978 to identify problems and effective service delivery strategies in rural school systems and cooperatives.

Data were gathered by the NRP during 1980-81 to determine perspectives of national leadership personnel regarding the potential for effective national IAC. This study included a comprehensive literature review and a telephone survey soliciting the opinions of representatives of 100 federal agencies, national professional organizations, and projects funded by the federal government to coordinate national or regional services for handicapped students using IAC as a major vehicle.

Respondents were primarily assistant secretaries of federal agencies related to rural education or their designees, Congressmen, executive directors of national professional organizations, and directors of projects funded by the OSE or NIE to enhance IAC efforts. The types of personnel interviewed are depicted in Table 2.

Questions on the survey instrument dealt with perceptions of needs for IAC, antecedents necessary for effective IAC, and potential roles of those surveyed to facilitate IAC. A force field approach was also initiated to delineate problems and resources in initiating IAC. In addition, the questionnaire assessed expectations of collaborative efforts among federal agencies and national professional organizations to improve rural special education services. The study incorporated the definition of IAC as "consisting of cooperative efforts between two or more organizations for the purpose of assessing needs or planning, implementing, or evaluating services for handicapped students."

Each questionnaire item queried participants regarding their national responsibilities and their perspectives with regard to regional or local IAC implementation. Respondents were encouraged to give as many responses as reflected their views on a given question. Responses were sorted, catalogued, and tabulated. All percentages quoted reflect the percentage of the total population of 100 respondents stating a particular area of opinion.

Table 2

Types of Personnel Interviewed in the Interagency Collaboration Study

Type	Number
National Professional Organizations	17
Regional Resource Centers	12
Federal Regulatory Agencies	11
National OSE-Funded Projects Regarding IAC Enhancement	11
National Rural Organizations	10
Regional Education Laboratories (NIE-funded)	9
University Rural Centers and Projects	8
Statewide "Rural" Centers	7
Congressmen & Officer of Congressional Rural Caucus	6
Private Corporations	5
National Centers for Migrants	4
Total	100

Results of the study clearly indicated that effective IAC at the national level was viewed not only as feasible, but as essential for facilitating full service delivery for handicapped students.

As indicated in Table 3 on the following page, participants felt strong needs for role clarification among all involved agencies so that the organization they represented could most effectively engage in IAC efforts. Respondents also felt a need for a systematic internal plan to be coordinated with other agencies relating to their organizations. Although these two needs were seen as more critical for participant agencies to collaborate with other national level organizations (45% and 31% respectively), they were also viewed as important (33% and 24%) to facilitate collaboration of participant agencies with regional/local agencies.

Items not specified as internally problematic were at least as significant as those mentioned. Particularly in view of an era of decreasing budgets for most organizations, it was gratifying to note that increased monetary resources were not frequently mentioned as essential for cooperative efforts with other agencies to be initiated or enhanced. Neither were potentially arduous or impossible changes deemed essential such as reconstitutions of political or organizational structures. Instead, statements indicated strong motivations for IAC.

The next major items reported by the target population were antecedents necessary for initiating IAC at the national or regional/local levels. Contrary to results of many surveys of federal agency and national professional organization personnel regarding initiation of new emphases, few respondents felt formal legislation or mandates were necessary. There was an overriding perspective that insurmountable political constraints were not present, although clear government leadership was not evident. Almost double (58% : 32%) the number of respondents felt that "turf" issues must be resolved at national levels than at regional/local levels before IAC would be successful. Comments included problems caused by organizational jealousies, competition for scarce resources and spheres of expertise, and arguments over responsibilities of service delivery.

Anecdotes emphasized concerns that such ambiguity at the national level caused inconsistencies and service delivery lags at the regional/local levels. In fact, role clarification was felt necessary by almost one-third (30%) of participants for effective national IAC and one-fifth (20%) of all participants for successful IAC at regional/local levels. Yet a systematic plan was viewed as more crucial for regional/local level IAC (27%) than national IAC (20%). Almost one-third (28%) of the respondents expressed a feeling that a central leader with appropriate political support would best facilitate national IAC. Only 8% of all respondents felt this was necessary at the regional/local level.

Table 4 illustrates the comparisons of perspectives regarding antecedants necessary for successful national and regional/local level IAC.

Table 3

What Needs Must be Met for Your Organization to Effectively Collaborate with Other Agencies?*

At the National Level?		At the Regional or Local Level?	
Clarify each agency's role for working with others	45%	Clarify each agency's role for working with others	33%
Develop implementation plan for coordinating IAC efforts	31%	Develop implementation plan for coordinating IAC efforts	24%
Increase monetary resources	15%	Understand significance of IAC	10%
Increase knowledge of effective service delivery programs	13%	No needs	05%
Pass legislative mandates	06%	IAC will never work	03%
No needs	08%	Pass legislative mandates	01%
IAC will never work	05%	Maintain autonomy	01%
		Increase knowledge of effectiveness of other programs	01%

* Percentages reflect the total percentage of respondents (N=100) stating a specific opinion.

Table 4

What Antecedents are Necessary to Initiate True Interagency Collaboration?*

At the National Level?		At the Regional or Local Level?	
Overcome "turf" problems	58%	Overcome "turf" problems	32%
Clarify roles for working with other agencies	30%	Develop IAC implementation plan	27%
Identify/elect leader with political support	28%	Clarify roles for working with other agencies	20%
Develop IAC implementation plan	20%	Educate public	07%
Pass legislative mandates	15%	Reduce role of federal government	06%
Create federal understanding of local problems & needs	13%	Increase monetary resources	03%
Increase monetary resources	09%	Identify/elect leader with political backing	08%
Reduce role of federal government	07%	Create federal understanding of local problems & needs	03%
		Pass legislative mandates	02%
		Change entire social structure of U.S.	01%

* Percentages reflect the total percentage of respondents (N=100) stating a specific opinion.

When queried concerning potential roles of their organizations in facilitating IAC, respondents indicated a variety of options. Participants in the survey were enthusiastic about cooperating with each other, increasing their awareness of existent information bases among various agencies, and enhancing interagency communication.

A preponderance of respondents (58%) believed their roles at the national level were primarily to serve as networks--linking identified needs with available resources and increasing awareness of options. Secondary roles participants described for the agencies they represented were to provide technical assistance and introduce legislation regarding IAC.

Respondents described a more direct service orientation when identifying their potential roles at regional/local levels. Almost one-fourth (23%) of the survey participants believed their agencies should stimulate regional and local networks and technical assistance. Almost one-fifth (19%) felt that their agencies should initiate communication among regional/local service delivery agencies. As indicated in Table 5, very little emphasis was placed on serving as IAC models (congruent with later comments that such models were needed); and no participants mentioned a predilection towards regulatory roles or creation of formal organizational structures.

Table 5

What Should Your Agency's Role Be in Facilitating Interagency Collaboration?*

At the National Level?		At the Regional or Local Level?	
Serve as networking agency	58%	Serve as networking agency	23%
Introduce legislation re: IAC	15%	Provide technical assistance	18%
Provide techincal assistance to other agencies	14%	Initiate communication among local service delivery agencies	19%
Don't know	05%		
Have no role at national level	03%	Provide written documentation of IAC	02%
Serve as model of IAC	07%	Serve as IAC model	01%
Reduce expenditures	01%	Nothing	02%

* Percentages reflect the total percentage of respondents (N=100) stating a specific opinion.

Respondents were next asked to describe problems in initiating IAC at the national level and at regional or local levels. Problems of "turf" or responsibility and delineated spheres of expertise were felt to predominate at the national (44%) and regional/local (50%) levels. These findings were consistent with earlier participant feelings that turf issues would have to be resolved before true IAC could be initiated at both levels. This overall perspective also lends even more credence to the OSE contention in the Second Annual Report to Congress (1981) that a major problem in service delivery is related to difficulties in determining lines of responsibility.

Resource constraints (including money) were the second highest problem designated by interviewees at the national and regional/local levels (22% and 33% respectively). Lack of communication between local and federal agencies were designated as a significant concern at regional/local levels (22%).

Although not mentioned as frequently (15% and 13% respectively), a concern described regarding national or regional/local levels was the specific person initiating the IAC emphasis. Related factors mentioned were political constraints (14% and 10% respectively) and lack of internal support in various national agencies (11%). Other comments indicated a desire for "best practices" models.

It was significant that initiation of IAC was not viewed as a heavy, paperwork-oriented responsibility or as extremely time-consuming. There was suprisingly little mention of problems convening agency representatives because of the number of agencies involved or due to geographic barriers. Table 6 illustrates this positive view of IAC as a concept even when acknowledging problems in initiating cooperative efforts between agencies. Less than 5% of all respondents related that IAC was viewed negatively, or was ineffective or impossible. Although problems in initiating IAC were reported, the vast majority of participants stated that many national, regional, and local resources for collaboration existed. Table 7 identifies these resources.

Table 6

Describe Problems in Initiating Interagency Collaboration*

At the National Level		At the Regional or Local Level	
"Turfdom"	44%	"Turfdom"	50%
Budgetary constraints	22%	Lack of resources to implement IAC at local levels	33%
Specific individual initiating IAC	15%	Lack of communication between local & federal agencies	22%
Political constraints	14%	Specific individual initiating IAC	13%
Lack of internal support in each agency	11%	Political constraints	10%
Time consumption	08%	Lack of internal communication in agencies	13%
Lack of communication among agencies	07%	Impossible task	04%
Lack of communication from federal & other levels	07%	No problems	03%
Inadequate definition of agency responsibilities for IAC	07%	Difficulty convening agencies	02%
Difficulties convening agencies	03%		
Needs not met by IAC	03%		
IAC is a negative term	02%		
Paperwork	01%		

* Percentages reflect the total percentage of respondents (N=100) stating a specific opinion.

Table 7

Describe Resources or Facilitating Factors in Initiating Interagency Collaboration*

At the National Level		At the Regional or Local Level	
Pooling resources to work toward a common cause	34%	Pooling resources to work toward a common cause	25%
Legal supports	19%	Local awareness of community resources available	15%
State of the national economy	18%	Models of best practices available	11%
Existent vehicles for networking	17%	State of the national economy	09%
Individual interest in IAC	15%	Leadership in IAC	13%
Models of Best Practices	09%	Local government leadership	05%
Grassroots involvement	03%	No resources	02%
Common sense	01%		
Cannot identify resources	01%		

* Percentages reflect the total percentage of respondents (N=100) stating a specific opinion.

The ability to pool existing resources for a common cause was seen as the best resource currently available at national, regional and local levels (34% and 25% respectively). The present state of the economy was also viewed as facilitative of collaborative efforts at all levels. The national trend toward removing legal constraints and explicitly tying some types of federal and state funds to mandated IAC procedures was mentioned by 19% of the respondents as facilitative. Existent vehicles for networking such as data banks and newsletters were listed as resources by 17% of all respondents.

Only 19% of all participants felt that models of best practices were available for the national level, and only 11% of the interviewees felt they were available for the regional and local levels. Less than 2% of all respondents felt a lack of any IAC resources at any level.

The last question asked of those surveyed was rather hypothetical in nature. Participants were asked what outcomes for enhancement of rural special education services would they expect at national, regional, and local levels if they met with the other 99 interviewees as representatives of federal and national organizations. There were many similarities in their responses regarding the national, regional, and local levels. The most frequently expected outcomes were to establish communication linkages (27% at the national level and 15% at the regional/local levels). Understandably, expected outcomes at the regional/local levels were more focused on improved service delivery (39%), although this was also a focus at the national level (25%). In both instances, comments indicated that improvements were expected to eliminate duplication of responsibilities, enhance service delivery, and improve personnel preparation.

One-fifth (20%) of those surveyed felt that formal working agreements regarding IAC would be established, and one-fifth (20%) felt that collaboration would create an improved national focus on rural issues.

Consistent with information reported earlier, that changes in organizational and legislated structures were not priorities of this prestigious group, only 9% expected changes in administrative structures to be outcomes of a national IAC meeting. A number of participants (13%) were doubtful of potential outcomes given the current political climate. (The study was conducted immediately after the 1980 U.S. presidential election. Many persons interviewed expected significant changes in their agencies as the new administration was installed in the executive branch.)

Table 8 outlines expected outcomes of those interviewed were they to engage in collaborative efforts with the agencies of other respondents.

Table 8

If a Group of Federal Agencies and Professionals Convened to Collaborate to Enhance Rural Special Education Services, What Outcomes Would You Expect?*

At the National Level?		At the Regional or Local Level?	
Establish communication linkages	27%	Improve service delivery at local level	39%
Improve changes in service delivery	25%	Establish communication linkages	15%
Establish formal working agreement for IAC	20%	Implement funding changes to impact local districts agencies	15%
Improved national focus on rural issues	20%	Create awareness of local rural issues	10%
No outcomes expected in current political climate	10%	Disseminate best practices	04%
Legislative changes	10%	No outcomes expected in current political climate	02%
Changes in administrative structure	09%		
Increase cost effectiveness of services	06%		
Attitude changes	04%		

* Percentages reflect the total percentage of respondents (N=100) stating a specific opinion.

In summary, IAC was viewed positively and as increasingly essential. Resources for effective collaboration at all levels were identified. Yet survey participants identified significant problems such as turf protection and interagency role clarification that will be difficult to overcome. Participants felt the need for internal agency plans, as well as a systematic national plan and central leadership at the national level. A significant number of respondents felt a need for effective "best practice models" for IAC.

Implications of the National Research for Rural Early Childhood IAC Efforts

Early childhood educators in the past have been leaders in initiating IAC efforts. Strategies of selling concepts of early intervention to multidisciplinary groups, team planning, maintaining credibility and visibility with multiple agencies, engaging in trouble-shooting and negotiating, and initiating program follow-up and continuity have long been emphasized by leaders in the field.

Many earlier IAC efforts were based on common sense, and IAC was viewed as a natural method of achieving common goals. However, many advocates of early education for the handicapped have recently been challenged by demands to legitimize their services, demands similar to those of the 1950's and 1960's.

With today's political mood including legislatures demanding evidence of the effectiveness of expenditures and parents and advocacy groups demanding quality services, there is a trend for federal and state funding to be explicitly tied to or heavily biased toward the formation or maintenance of collaborative arrangements among programs related to special education.

A paper offering perspectives on interorganizational relationships submitted by Lynn Baker to the NIE in 1980 summarized theories of interorganizational collaboration. Her summary concluded that although decision makers may view IAC arrangements as opportunities to increase their efficiency and ability to achieve organizational goals, much of the current literature of collaboration is based on unrealistic assumptions of rationalistic, goal-oriented organizations seeking to maximize their utilities through cooperation.

Baker elaborated on this reasoning by reporting that external mandates frequently resulted in organizational conflict over program emphases, particularly when organizational members felt driven into areas where they lacked resources or expertise (Baker, 1980). The implications of external PL 94-142 mandates and the typical lack of special education resources in rural LEAs are obvious. Molnar and Rogers (1979) had noted that structural inconsistencies in federal mandates tended to "exacerbate conflicts at the operational level" such as those regarding allocation of responsibilities.

The NRP studies reported above illustrated this problem. For example, needs for improved IAC identified in the 1980-81 study of federal agency personnel had ramifications discerned in the 1980 study at the rural local school level (e.g., incongruities between Title I and PL 94-142 regulations).

Perrow (1979) postulated that (1) conflict is more likely to occur in more complex, interdependent, and interactive relationships, and (2) conflict is inevitable because entities continuously negotiate to increase their own discretion and control over their own opinions. If these premises are true, educational collaboratives and other interagency relationships are certainly vulnerable. This might even be a partial

explanation for the IAC concept being distinguished by 1980 HCEEP conference participants as the most frequently noted strength and the greatest stress producer. Respondents clearly felt that IAC was essential, verifying the findings of the NRP national research. HCEEP staff also found rural early childhood projects isolated and related needs for increased opportunities to share their experiences and learning with others.

As reported above, participants in the NRP survey of national federal agency and professional organization personnel noted a lack of validated models for IAC. Participants in the HCEEP conference also mentioned a lack of best practice models for providing direct services to rural early childhood handicapped students.

Although these populations felt a need for such models, an NIE-funded Far West Laboratory study indicated that it is best not to endorse "best" or validated models when attempts are made to provide opportunities to share insights and enhance collaborative networking. As this is the express purpose of many IAC efforts, these findings are particularly relevant.

IAC models that have been published typically feature "consensus" as one of the first essential steps. Baker identified numerous sources in IAC literature indicating that consensuality in such relationships is rare and that equality and mutuality are also atypical. The only reliable factors appear to be changing environments and inevitable conflicts.

McLaughlin and Christensen (1980) attempted to validate one nationally disseminated model of IAC (the 1979 RRC model). After site visits to exemplary programs to assess consistency of process steps with stages in the published IAC model, they reported that processes delineated as "common steps" could not be specified nor could their order be validated. Rather, action steps were inseparably intertwined, and each was completed several times. Persons interviewed during the study indicated, however, that all of the steps outlined to them were important and that the question of developmental steps should not be dismissed without reconsideration of barriers to development.

McLaughlin and Christensen (1980) further stated that many of the conditions they identified suggested that even though the steps may have been accomplished, they may not have been done so effectively. Although their study did not emerge with the expected importance of the order of the steps outlined by the RRC, McLaughlin and Christensen did observe some logical sequencing in the exemplary programs in which they conducted site visits. For example, the development of an information base on client needs and service availability naturally precedes the design of a response plan. They concluded that careful consideration of the process set forth in the model (established by the 1979 Regional Resource Center Task Force on IAC) could lead to productive planning.

"Collaboration" clearly is not necessarily a direct route to efficiency and effectiveness, and foolproof best practices models of IAC are not available. While the cart must be placed behind the horse, IAC is an essential vehicle at federal as well as at regional and local levels. Ambiguities at the national level are directly linked with inconsistencies

and service delivery lags at the regional and local levels. Additionally, there have been consistent findings between national and local studies of rural IAC problems, such as problems in clarifying accountability structures.

Many unanswered questions remain regarding effective governance, service delivery, and impact of IAC and the impact on service delivery of varying organizational structures. Yet, a realistic look at inter-organizational relationships including necessary and effective strategies of recognizing and negotiating with environmental change, conflict, control, and cooperation is essential so that we may be able to effectively coordinate services for young handicapped children. It is imperative in rural areas traditionally characterized by scarce resources and currently faced with declining budgets.

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INTRODUCTION

The two papers in this section illustrate problems which may arise in developing and maintaining efforts in interagency cooperation, then suggest solutions or ways to counteract these concerns. Both Bartlett and Mackey's and Fitch's papers stress the importance of communication among agencies and personnel.

Bartlett and Mackey's paper details two levels of concern to service providers when trying to coordinate their efforts -- both of which should be anticipated before they occur in order to not waste time, money and energy. Bartlett and Mackey first deal with state level concerns and the necessity of rural service personnel to become knowledgeable about the workings of their state. The second concern is the necessity for communication at the local level -- it is apparent that open communication is a necessary factor in all the workings of agencies, to ensure effective, coordinated service delivery.

Fitch provides guidelines for establishing interagency cooperative efforts. He explains what will and will not motivate or convince an agency to work with another, how to develop an agency's selling points, and how to bring in the personal touch in order to ensure collaboration. He informs us once again that communication is the key to success in this endeavor.

Both papers build on Morse's and Helge's in that they identify concrete trouble areas in addition to suggestions as to how to initiate and maintain interagency efforts. Morse and Helge gave us the reasons for advancing collaborative efforts, whereas Bartlett and Mackey and Fitch give us the ways to begin, the angles to cover.

INTERAGENCY TROUBLESHOOTING: A PROBLEMATIC APPROACH

Christine Bartlett
Sue Mackey

In dealing with problems that arise in developing and maintaining effective interagency efforts to serve handicapped populations in rural areas there are at least two levels of concern. The first level deals with state plans, policies, and administrative procedures. The second level deals with the actual delivery of services.

At both levels, the most effective approach is to anticipate problems before they occur -- a "proactive" rather than a "reactive" stance. This includes recognizing areas which may create conflict and developing creative approaches to defuse potential problems before they occur.

At the local or regional level, the issues which may lead to problems are more concrete and tend to be universal to rural areas. One of the most obvious areas is the isolation of rural families and communities, often complicated for rural providers by the geographic size of the area they must cover. This creates problems in the areas of communication, travel (by providers), transportation (of clients to and from services), and availability of time for coordinating efforts. There are frequently insufficient services in rural areas, which only serves to compound the problem. This isolation and the necessary heavy workload often lead to provider "burn-out" and difficulty in recruiting service providers, particularly specialists, to rural areas.

In order to effectively administer service provider programs in rural areas these two levels of concern must be recognized and acted upon. The first step is to know the interactions of the state offices and their procedures. The second, which pertains to actual delivery of services to rural areas, is to set up a good communication system so that all directly or indirectly involved in providing services to the children are working together, coordinating their efforts, supporting each other.

State Level Concerns

State Level Troubleshooting

In order to take a "proactive" stance to troubleshooting at the state level, there are several basic areas in which an interagency program manager should be knowledgeable. The success of interagency efforts depends on a complex interplay of legislative support, state adminstrative support, and state agency/department support. It is critical that the program manager

(or those working with her/him) have an understanding of how each of these systems work individually, and how they interrelate, that is, what their impact is on each other.

The knowledge and understanding needed in each area can be outlined as follows:

1. Legislature
   - a. Structure - unicameral or bicameral
     number of committees with related responsibilities
     joint or individual committees
   - b. Process - how legislation is enacted
     by whom and how can legislation be influenced
     budget process
   - c. Political leadership - dominant party
     key individuals
     decision makers
2. State Administration
   - a. Structure - make-up of Governor's office staff
   - b. Relationship to the legislature
   - c. Internal politics - who is assigned what role
     key individuals
   - d. Budget process
3. State Agencies/Departments
   - a. Identifying appropriate agencies
   - b. Internal structure - department heads
     decision/policy makers
     program directors
   - c. Department philosophy
   - d. Funding sources - federal/state/mixed
     budget process for each
   - e. Previous experience with/ interest in interagency efforts

Establishment of State Level Committee

When the person who is to serve as the interagency coordinator is armed with a basic understanding and a working knowledge of the state structures which will have an effect on an interagency effort, problem areas can be anticipated and effective strategies developed to avoid many conflict areas. The strategies will vary from one state to another, depending on the potential problems identified.

Key to the effort, however, is the establishment of a state level committee representing the necessary state agencies and some local level program people. Members of the committee should be appointed by administrators (to confirm administrative support for the effort) and should, ideally, be program level people with decision-making authority. Membership should be consistent from one meeting to another in order to establish continuity of the effort, and to assure adequate knowledge of what has already been done, as well as what is

being planned. The committee needs to establish a clear purpose from the beginning, identifying the long-range goal of its efforts. A clear plan of action must be developed, including specific objectives and activities to be undertaken by the committee. Timelines for achievement should be realistic, based on the knowledge of political and administrative constraints and strengths of the various components of the state system. The committee must decide from the outset whether their efforts will be concentrated on state level coordination only, on facilitating local level coordination, or on a combination, depending on which will be the most effective strategy for their particular goals. Finally, they must determine early whether formal agreements are needed in the beginning of the process, or would result from long-range efforts based on identified local needs.

Local Level Concerns--Communication is the Key!

Communication Lessens Isolation Problem

Isolation of rural families and communities, the major hindrance to service providers in rural areas, creates problems in getting to the families, in efficiently using time during the work day, in transporting the families to a common meeting place, in providing them with the help they need, and in coordinating the efforts of the providers. In developing interagency efforts in rural areas, these problems must be addressed. Communication is probably the key ingredient to the success of any interagency effort. A considerable amount of time must be devoted to making personal initial contacts with providers already established and working in the area in order to build their support and commitment to the effort. Identifying a key agency (e.g., Public Health nurses) to help in this initial effort can facilitate the process.

Communication Through Follow-Up

Follow-up communication needs to be consistent and on-going. This will be both formal and informal in nature. It should include team staffing for all agencies serving an individual child or family. It also includes frequently written communications following staffings, memoranda regarding contacts or changes in service; minutes of meetings held; shared information on training opportunities; and any other information which might keep scattered providers up-to-date on each other's activities.

Communication by Telephone

Communication in rural areas relies heavily on the telephone and may include telephone meetings around children or families when actual meetings cannot be arranged. It includes keeping agencies informed of referrals and follow-up activities. Because time in the office may be limited for many rural providers, it often means scheduling telephone contacts in advance, or keeping information on regularly scheduled office hours of other providers.

Communication by Personal Exchange

Informal lunch meetings, shared home visits, and exchanges of services can also strengthen communication between/among providers to facilitate the coordination of services. Personal contacts can be used as catch-up times, to bring people up-to-date on progress or activities with particular children or families. Opportunities to talk out some of the frustrations of rural providers helps relieve some of the sense of provider isolation. Sharing of services, problems, solutions, and general frustrations can build a strong sense of mutual support and purpose among rural providers.

Communication Through a Local Governing Board

A local governing board, representing involved agencies, can also facilitate the interagency communicative effort. The board should distribute the decision-making power equally among the participating agencies, in order to assure commitment from all involved. This may further require a two-pronged approach, since it is critical to have both program providers and administrative personnel involved to assure success. Program providers coordinate most effectively on a child/family-centered basis, while administrative support is needed to assure that agency commitments to service delivery can be met.

Communication Facilitated by Strengths of the Community

There are some real strengths in rural communities which can be used to further any interagency effort. The dedication and caring of rural providers is remarkable; they are frequently long-time residents of an area and have a strong personal commitment to serving their communities. They are often more willing to cross territorial service lines or to share services with each other just because of the fact that the services are available and service providers see that it is needed.

"People-Oriented" Approach Necessary to Good Communication

Rural efforts are most effective and comprehensive when concentrated on a "people focus" rather than through written agreements. While the latter may be necessary and important, they are often not the mechanism for getting things done, especially in a rural area. On-going communication through meetings, telephone, and informal luncheons is critical to the efforts of interagency coordination, and results in a more personal and effective service delivery system that ultimately benefits the families with whom the agencies are working. It also appears that a "people-oriented" approach lessens professional burn-out since accomplishments and rewards are more readily seen and received than might otherwise be possible. The human oriented approach requires flexibility on the part of the interagency coordinator and the various service providers, but returns on flexibility are great. When professional sharing and maximum use of all available resources are at a peak, it is not unusual for a program to know about a coming referral several months in advance because they have communicated with other providers consistently and are aware of each other's activities.

Making it work in a rural area, on the local level, relies primarily on personal contact and communication; it requires professionals that are competent in their own field of expertise, as well as acknowledging the competencies of others. It is an effort built primarily on people, and is more "client-focused" than service-focused. It requires the ability to communicate, to listen carefully to the expressions of other professionals and parents, and the capacity for flexibility. Rural collaboration can result in increased services and enhancement of the quality of services provided through the pooling of resources, space and transportation. The aspect of clear and honest communication is not only a key to effectiveness, but also requires constant attention and energy by all involved. Once a communication network is established in a rural community and once the service providers have a working knowledge of the state level systems (legislature, state administration, and state agencies/departments) the unique problems of rural service providers may be less awesome--they can be readily met with confidence and effectively dealt with.

THE PERSONAL TOUCH IN ACHIEVING INTERAGENCY COOPERATION

James Fitch

Nowhere is the need for interagency cooperation greater than in rural areas. Normally rural areas have fewer service agencies so there is a vital need to utilize those agencies which are available. Persons trying to develop programs in rural areas should be aware of their dependency on others and seek to establish interagency policies which will maximize the possibility of success. The purpose of this paper is to provide guidelines for establishing interagency cooperative efforts.

The first need in developing a relationship with another agency is to establish your credibility. You should provide the other agency with some assurance that your agency is a functional and desirable group with whom to associate.

There are several ways of accomplishing this task. One way is to provide them with information about your agency. Tell them who you are, what you can do, and point to some accomplishments that indicate you can do the job you say you can do. Establish credibility by association. Indicate consultants and other agencies with whom you have worked. If possible, have someone who knows you, has a good working relationship with you, and is familiar with your program introduce you to the agency with whom you wish to establish cooperation.

After credibility is established, consider how you can show the agency that they can have a better program by working with you. Consider whether or not you can show them a profit motive. Most agencies have too much work to do already and are going to be reluctant to pursue a new area of endeavor if they do not feel that it will in some way be a profit to them.

You can establish a profit motive quickly by in some way giving them something as a show of faith. Offer to present an inservice to their personnel or provide some service to the people they deal with. Whether or not they accept your offer, you will have established the fact that you were willing to give them something without requiring anything in return. To work into their program you must use care not to increase their workload (unless they are looking for an increased workload). Show them how they will be stronger by interacting with your agency. If you cannot show them that they will be a better agency by working with you, you cannot expect their cooperation. Reciprocally, you may find that the agency with whom you have contact does not, or cannot, provide a service you expected. Even though contact has been established, the desirability of reciprocal agreement should be considered on an ongoing basis. At any given time, the joint effort may be found to be less efficient than the effort would be if one agency or the other did it by itself.

Throughout all processes of cooperative ventures remember that you are in fact dealing with individuals, not agencies. Individuals make and implement the decisions, so to establish a cooperative effort you must effect interaction on a personal basis. The importance of your contacts being able to identify you as a face and person instead of just a voice on the telephone cannot be over-emphasized. We call it keeping the personal touch.

Experience has shown that the agencies that provide the most important and efficient cooperative efforts are the ones that maintain the personal touch. As agencies grow, there is a tendency to delegate authority and duties to newcomers. While a certain amount of delegating authority is critical for growth, agencies whose directors and other key people become too immersed in paperwork and politics to interact directly with cooperating agencies will find their cooperative efforts falling short.

For example, a simple act like meeting an incoming consultant can set the stage for a successful or unsuccessful visit. If the consultant (be it you or a person from the other agency visiting you) is met by a key person who is cordial, respectful, and who establishes good rapport initially, the chances of the consultant putting a little extra into the effort is increased many times over. To get the most out of the people with whom you work, become a part of their world.

The same thing is true of reaching key decision makers. Whether it is a politician who must vote on a key piece of legislation, an agency director who must decide whether or not to approve a joint effort with you, a parent whose child is in your program, or a key community figure whose support may be critical to your cause, they are still individuals. Whether or not the decision they make is the one you want, you can bet that a part of that decision will be made on the simple basis of whether or not they like you. This is called the emotional basis of interagency cooperation.

People who like you tend to make decisions in your favor. Regardless of how good a joint effort looks on paper, or how logical it seems, it is doubtful that the other agency will join you in the effort unless there is some basis for liking you. While interagency cooperative efforts must be well planned, efficient and a credit to all agencies involved, they might not get off the ground if there is not a mutual positive emotional basis for the interaction.

A final thing to consider is follow-up. Don't expect things to go smoothly just because they got off to an excellent start. In any interagency interaction there is the likelihood that some unpredicted situation will arise which will threaten the whole effort. This is most likely to occur early in the joint effort while the "bugs" are being worked out. You should be ready to meet problems head-on and resolve them using the same approach you used in establishing the interagency cooperative effort in the beginning.

Also under follow-up it is important to reinforce the effort. Be generous in praise and slow to criticize. Usually what you say will get back to the other agency at an amazing speed. Public information on the radio and in the newspaper yield excellent dividends if what you have

said has been praise. If it is criticism, you have laid the foundation for failure.

Above all, keep the communications open between agencies. Regardless of how much is happening or how well things are going at any given time, it is important to contact the other agency on a regular basis to let them know that you consider them important and that you are available to them at any time. Interagency cooperation depends to a great extent on the strength of the representatives of the agencies and their ability to solve problems. The challenge is great; the rewards are even greater.

INTERAGENCY COORDINATION:
PRACTICAL EXAMPLES OF RURAL COORDINATION

INTRODUCTION

The last section of this monograph offers two different programs from the Rural Network which have actively employed interagency cooperative strategies thereby greatly increasing their success and effectiveness. Both provide steps or procedures which served to facilitate their coordination with other programs/agencies and which can easily be adopted by other programs.

Tucker and Riley's paper describes Project Family Link and its success in meeting its objectives of linking families of handicapped children with appropriate health and social service agencies and of linking the agencies that were providing the services. They take us through the steps necessary to provide this coordination and explain in detail what is involved in each step. By using their program as an example, Tucker and Riley show us how these steps are taken, to what community agencies they are applied, and the resulting comprehensive care and service that the handicapped child and his/her family receive. They stress, as did Bartlett and Mackey, that the key to this success is openness and communication among the agencies involved in serving the child.

Gabel's paper presents yet another way to facilitate interagency coordination -- by inservice training of personnel. He emphasizes that to develop and maintain cooperation among agencies, the service providers need an awareness of each other's services, a sense of mutual commitment, and a setting in which they can meet, interact regularly and develop warm relationships with each other. The approach taken by Family, Infant, and Toddler (FIT) Project to foster this involvement and atmosphere was to implement a community-based inservice training program. Gabel describes FIT's program in detail, explaining the philosophy behind the program, the appeal the training program had to rural professionals, the structure of the program and the interagency coordination at the community level which resulted. Again, Gabel provides enough specifics and suggestions concerning the program to make it easily adoptable by other communities.

These last two papers provide concrete evidence that interagency coordination can be achieved and that it is a successful strategy to employ in providing the best possible rural service delivery to young handicapped children. We can see that the issues brought up in Helge's "Implication of National Research . . . " can be surmounted and effectively brought together to bring about a productive working relationship among rural agencies.

LAYING THE GROUNDWORK--HOW AND WHERE TO BEGIN

Jamie Tucker
Mary Tom Riley

Any program that serves young handicapped children must recognize that other health and social service agencies will also be involved in serving the same children. A handicapped child may, at any one time, be involved with a physician, one or more therapists, a Social Security Income (SSI) representative, a local public school, a social or welfare worker, and/or a variety of other agency representatives. Because so many agencies and professionals can be involved with a handicapped child and his family, interagency cooperation and coordination become essential to ensure that services are not duplicated; that parents are not confused by the number of people telling them what to do for their child; and that maximum appropriate services can be delivered with a minimum of time delay and complication. This need for coordination becomes more important for programs in rural areas where long distances, cost factors, geographic inaccessibility of families, and low availability of support services make service delivery more difficult and costly.

Project Family Link, which achieved a degree of success in interagency cooperation, contained elements of interest to many service providers. This project was a home-based program for birth through four-year-old handicapped children in rural West Texas. As its name implies, one of Project Family Link's major objectives was to link families of handicapped children with appropriate health and social service agencies and to link agencies who were providing services. This implied a need for interagency communication and coordination with Family Link staff serving as facilitators.

The Project Family Link approach to interagency cooperation involved several steps. These were:

1. identify agencies;
2. make initial contacts;
3. encourage agency participation in evaluation and IEP development;
4. record on-going documentation;
5. make weekly/monthly contacts.

Each of these steps will be described in detail. In addition, several factors that contributed to the success of the project's efforts in interagency coordination will be discussed. Procedures used in the project can easily be adapted by other programs.

Identify Agencies

The first step in agency linkage occurred when a family was enrolled in the project. During the intake process, a family's first responsibility was to complete the Support Services Chart for their child, using the key to indicate level of involvement (Figure 1). The purpose of this chart was to identify services the family and child were receiving so that contacts with appropriate agencies could be made.

In some cases, the parents were unable to name the agencies that had contacted them or knew only the name of the person who had visited them. When this happened, project staff had to try to identify the agency by calling the identified person or by calling various agencies to find out if they had contacted the family. This process was facilitated by the existence of a Resource Directory for the city and surrounding area (Lubbock, Texas).

Another way that project staff identified agencies involved with a family was by obtaining records from physicians or other professionals identified by the parents. Often these records provided information about agencies that had seen or were seeing the family. In several cases, children were referred to the project by other agencies. When this happened, the referring agency usually had information about other agencies involved and shared this information with project staff. The referring agency became a key contact source for project staff. No matter what the sources, every effort was made by project staff to identify agencies involved with each family. This information was always recorded on the Support Services Chart, and served as the basis for making agency contacts.

Make Initial Contacts

After a child was enrolled in the program and agencies involved with the child and family were identified, the project coordinator contacted each agency. This contact served two purposes. First, it advised the agencies that the child was enrolled in the program and would be receiving home-based services on a regular basis. Second, by contacting the agencies involved with a particular family, the project coordinator was able to lay the foundation for future coordination with the agency. In some cases the project was able to offer services (such as transportation to medical appointments) that the agency could not, and the agency might be able to provide services (such as payment for appointments) that the project could not. By contacting the agencies immediately upon the child's enrollment, the project coordinator was able to negotiate cooperative agreements such as described above (the project provides transportation, the agency pays medical costs). Another outcome of these initial contacts was that some agency representatives (such as an SSI Disabled Children's Program [DCP] caseworker and a Texas Department of Human Resources [TDHR] caseworker) expressed an interest in accompanying project home-based teachers on family visits, to further solidify cooperative efforts and reinforce programs set up by the teachers.

It appeared from the initial contacts with agencies, whether initiated by the project coordinator or by an agency representative, that linkage efforts would center on three local programs. These programs were involved

Figure 1. Example of Project Family Link's Support Services Chart

SUPPORT SERVICES CHART
1979-80

KEY: ✓ = Receiving Services/Has seen agency
NA = Not appropriate/Not needed
NE = Not eligible

CHILD'S NAME (DOB)	SSI/Medicaid	WIC	Child Serve	Food Stamps	Public Health	DDC	DEBT	SSI - Disabled Children's Program	TDHR - Welfare/ Social Worker	Crippled Children's Division	Other Agencies Family Is Involved with	Public School Aware of Child?	Name, Title, and Phone of School/ Contact Person	COMMENTS

with more project children than any other agency and represented the greatest number of contacts between project staff and agency representatives during the project years. These three agencies were:

1. the local Child Find/Child Serve program of the Region XVII Education Service Center;
2. a Developmental Disabilities Center evaluation program, housed on the Texas Tech campus;
3. the SSI Disabled Children's Program (DCP) (through the State Department of Health).

These agencies represented various stages or functions of service delivery for handicapped children. The Child Find/Child Serve program assisted in location and referral of young handicapped children who were eligible for the home-based project. Child Find/Child Serve representatives also assisted project staff in developing appropriate programs for enrolled children; developed home-based occupational therapy and low-vision programs for certain children; and helped provide a transition to public school programs.

The Developmental Disabilities Center (DDC), in addition to providing many of the referrals, was the key agency for evaluation. The DDC provided comprehensive diagnostic evaluations on referred children and provided detailed reports on the results of the evaluations. The DDC also assisted in getting other services for enrolled children, such as opthalmological examinations. When an enrolled child was evaluated at the DDC, project staff accompanied the family during the evaluation and participated in the post-evaluative staffings held to discuss the results of the evaluation.

The SSI-DCP program proved to be a valuable resource for project staff in terms of coordinating programs and following through on established objectives for families. The SSI-DCP caseworker often accompanied the teachers on home visits, and assisted in securing additional needed services, such as dental care, adaptive orthopedic equipment, and opthalmological examinations.

These three agencies provided the majority of the referrals to the project and represented the strongest links in interagency cooperation. It is important to realize that communication occurred not only between each agency and project staff, but also among the agencies. This free flow of communication facilitated project efforts at coordination of services to families.

The critical factor in establishing successful working relationships with these and other agencies was the initial contact period. By contacting agencies early, the project coordinator was able to:

1. demonstrate an awareness of and interest in the involvement of other agencies with project families;
2. establish lines of communication and cooperation for future collaborative efforts;

3. initiate documentation of coordination of services to project;
4. demonstrate to families a coordinated effort on the part of all agencies involved (this was critical in terms of reducing confusion on the part of the family as to who said what and who was doing what).

Encourage Agency Participation in Evaluation/IEP

Each child enrolled in the home-based program was evaluated to determine functional level and categorical diagnosis. Many of the children received a comprehensive evaluation at the Developmental Disabilities Center (DDC), either after enrollment in the project or before referral to the project (the latter case occurred where the DDC referred the child to Family Link after evaluation; the former occurred when the project referred the child to the DDC for evaluation after he/she was enrolled and it was determined that further evaluation was needed).

Participation of other agencies involved with the child was encouraged, and occasionally requested, during the evaluation process. In some cases, agency representatives (such as the SSI-DCP worker) accompanied the family and home-based teacher to the evaluation appointment and/or participated in post-evaluative staffings on the child. In other cases, the agency's assistance in follow-through of evaluation recommendations was requested by project staff. When this occurred, project staff worked closely with the agency to fulfill the recommendations.

Whatever the level of involvement during evaluation, agencies were invited and encouraged to participate in the development of a child's Individualized Education Program (IEP), particularly if the child was receiving services from the agency. Several agencies did participate in the IEP meeting, and provided valuable input to parents and project staff concerning the child's program. As an example, in one IEP meeting concerning a child with visual problems, the Child Find/Child Serve specialist in visual impairment attended the meeting and provided suggestions to both parent and home-based teacher for working with the child. These suggestions were incorporated into the IEP. In some instances, a representative could not attend the meeting in person, but provided a written report concerning recommendations, goals, and strategies for working with the child. This report was used in developing the IEP. Occasionally the agency representative communicated recommendations to project staff prior to the IEP meeting.

The IEP meeting usually took place in the family's home, although in a few cases it was held at the parent's place of employment or another convenient location. Project staff and agency representatives usually travelled together to attend the IEP meeting, again for the dual purpose of demonstrating a coordinated effort to parents and cutting down on transportation costs incurred in traveling long distances to reach families.

Involvement of agency personnel in the evaluation process and IEP meeting proved to be a valuable step in fostering interagency cooperation.

Not only was the IEP that was developed more comprehensive and appropriate, but agencies and project staff were also able to determine what each was doing to serve the child. The fact that agencies and project staff were aware of each other's goals and implemenation strategies for working with the child served to strengthen the cooperative effort and further open lines of communication

Recond On-going Documentation

Project staff were concerned about documenting contacts with agencies involved with a particular family. The purpose of this documentation was to 1) demonstrate that interagency coordination was, in fact, occuring, 2) determine that services were being delivered to families and that goals were being met, and 3) insure that documentation was occurring during each contact so that project staff could verify recommendations, content, and outcome of the contact.

Project staff developed the Agency Contact Log (Figure 2) to document contacts with various agencies. A separate log was kept for each child, and any contact with any agency involved with that child was recorded by the staff member having the contact. Each contact was recorded, whether initiated by a staff member or by an agency representative. While this process was sometimes tedious, it nevertheless provided valuable information for project staff.

In completing the form, a staff member recorded the date of the contact, the name, and the address and phone number of the person contacted. Also recorded was the reason for contact which might be to follow up on a recommendation, to seek assistance from the agency in getting a certain service, to discuss financing of a particular service, or to report progress with a family.

The result of the contact, described on the log, was differentiated from the outcome. The result was the action immediately followed the contact, such as a recommendation for a medical appointment or a planned home visit by an agency representative. The outcome was what occurred as a result of this action. The outcome of a medical appointment might be a recommendation for surgery or a need for future evaluation. The "result" described the immediate reaction of the contact, while the "outcome" described additional, sometimes more long-term effects.

The Agency Contact Log proved to be a valuable means for documenting interagency efforts on behalf of project families. Through information provided on the logs, project staff were able to determine frequency of contacts with various agencies, to review content of each contact, and to document that appropriate services were being delivered to enrolled families. An added advantage was that the project staff could share contacts with families during conferences and home visits in order to demonstrate that cooperation was taking place and to encourage families to become more dependent in contacting agencies on their own behalf.

Figure 2. Sample of a Completed Agency Contact Log

AGENCY CONTACT LOG
Project Family Link I
1979-80

Child's Name: "O" Home-based Teacher: _____

Date	Agency/Individual Contacted	Address/ Phone Number	Reason for Contact	Result of Contact	Outcome
10-22-79	DDC-TTU	Thompson Hall	For complete diagnostic evaluation	Referral to Dr. R.	Appointment made with Dr. R. for ear check
11-13-79	Dr. R.	123-4567	Confirm written report; discuss surgery	Surgery needed; family needs help paying	Link I will try to find funds
11-26-79	Crippled Children's Division	Austin	Obtain funds for O's ear operation	CCD agreed to pay, sent us forms to be filled out	Forms received, filled out; returned to CCD; notified Dr. R.
12-02-79	Dr. R.	123-4567	He notified us of surgery date	Arranged with parents; helped them make hospital arrangements	Surgery performed 12/15/79

Make Weekly/Monthly Contacts

In an effort to ensure a coordinated approach in serving families, the project coordinator made weekly or monthly contacts with the primary agencies involved with a family. The frequency of the contact depended on the agency's degree of involvement with the family and on the family's particular needs.

For example, the project coordinator contacted the SSI-DCP representative weekly concerning some families, but less frequently for others. Some agencies, such as the Genetic Screening Center, were contacted once a month or less, depending on the needs of the families involved with that agency. However, nearly every agency was contacted, usually by phone at least monthly. In this way project staff were able to stay apprised of new developments concerning the family, inform other agencies of new developments, and generally "keep a foot in the door" with other service agencies. While somewhat time-consuming, these contacts proved to be a key reason for the success of the project's coordination efforts.

Summary and Comment

Project Family Link enjoyed a highly successful cooperative effort with other agencies serving young handicapped children in rural West Texas. This coordination centered on three agencies, but was by no means limited to the three. Coordinated efforts were always documented, and frequent contacts with other agencies provided a fertile field for increased cooperation and communication.

The reasons for the project's success in interagency coordination can be summarized in the following way.

1. Cooperation -- agencies demonstrated a willingness to share information and pool their efforts in getting services to families.
2. Frequent Contacts -- through ongoing, frequent communication, agencies were aware of current developments with families; no one felt "left out" or "in the dark" about what was happening with families.
3. People Involved -- the key contact people in the agencies with which the project had the most contact were open, willing to cooperate, and highly professional. It is the project's contention that successful coordination must have this kind of people in key positions to facilitate coordinated efforts.
4. Lack of Territoralism -- perhaps the key factor in successful interagency cooperation is a lack of protectiveness concerning one's parameters. The agencies with which the project had the most contact displayed an intense interest in serving the families, not in protecting their roles. It didn't really matter who did the job, as long as it got done. This spirit of cooperation and lack of defensiveness concerning predetermined roles meant that all agencies were concerned with the welfare of the family, not with protecting their respective niche.

5. Agency Interaction -- representatives from various agencies met together during evaluation staffings, IEP meetings, and on other occasions to coordinate efforts on behalf of families. The fact that the agencies were willing to meet together and/or discuss families over the phone was a significant factor in the success of interagency cooperative efforts.

Interagency cooperation can work, if the agencies involved display the kind of openness and lack of territoralism evidenced by the agencies involved with Project Family Link. Because of the success of interagency coordination, project families received comprehensive services, and agencies were able to share responsibilities in getting appropriate services to families. This meant that agencies were more concerned with providing services to families than with protecting their territory, and the result was a coordinated approach to serving young handicapped children.

INSERVICE TRAINING AS A VEHICLE FOR INTERAGENCY COORDINATION IN RURAL COMMUNITIES[1]

Harris Gabel

The smaller scale of rural human service delivery systems is an advantage for developing coordinated services. Yet coordination of services is not an inevitable consequence of the rural environment. All too frequently differences in agency goals, competition among local agencies for scarce fiscal resources, clients, or community influence, and long-standing personal animosities can interfere with effective interagency coordination. Active efforts to achieve better coordination, consequently, are often warranted.

Consideration of the conditions that facilitate coordination is useful in planning for improved interagency cooperation. Observations of rural agencies in Middle Tennessee point to several of these conditions. Warm or at least cordial interpersonal relationships among professionals in different human service agencies enhance the likelihood of interagency cooperation. Rural service providers also are more likely to coordinate their work if they are familiar with services offered by other agencies. A sense of mutual commitment to providing services to particular populations, handicapped children, for example, also supports cooperative efforts. Finally, creating a setting in which service providers can meet and interact regularly can nurture coordination among various rural agencies.

This paper describes one approach to fostering these conditions and thereby facilitating interagency coordination: implementation of a community-based inservice training program. The training program was developed as one phase of the Family, Infant and Toddler (FIT) Project (Gabel, 1979) at George Peabody College of Vanderbilt University. Part of the "First Chance" network supported by the U.S. Office of Education, the FIT Project is a demonstration program designed to develop a model for providing educational and supportive services to young mentally retarded children and their families in rural communities. This paper will describe the FIT Project's inservice training program to illustrate how inservice training can foster interagency coordination.

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Overview of the FIT Project

Initiated in 1978, the FIT Project by 1980 had established educational programs in four rural communities in Middle Tennessee. The FIT Project served families from ten counties through programs located in Warren, Marshall, Dickson, and Sumner counties. The program in each community included educational and supportive services for children and families along with an inservice training program for local human service professionals.

The components of the FIT Project were developed in accordance with an ecological perspective, the overarching conceptual orientation of the project. In this framework, children are viewed as functioning and developing as parts of social systems (Hobbs, 1966). Thus, young mentally retarded children were conceived as embedded in nuclear families consisting of parents and their children, and parts of broader extended families. Both mentally retarded children and their families operate within larger systems, their rural communities. For these children and families, who are frequently in need of specialized human services, the social, educational, and medical service delivery systems in the community are particularly salient.

The FIT Project reaches the child with the family system through educational clinics. Operating from a central base at Peabody College, project staff members travel weekly to each of four rural communities to implement the clinic model. In each community, infant/family trainers provide educational programming during one morning per week for five children and families at local facilities, usually churches. The FIT Project clinics include individual parent training sessions based on individualized family-mediated educational programs for children. Additional learning occurs during scheduled group song periods and snack times. Weekly parent training/discussion groups are included to convey relevant information to parents and to foster the development of peer support systems. Evening clinics held for extended family members involve them directly in programming for children and in providing support for nuclear family members.

Functioning alongside the educational clinics, on the same days and at the same locations, the FIT Project inservice training program is the second major program component.

FIT Project Inservice Training Program[2]

The network of local human service professionals constitutes the second important social system for young mentally retarded children. The original purpose of the training program was to enlarge the range of skilled professional resources available to serve the young handicapped children and their families in rural areas. Facilitation of interagency coordination emerged as a major additional benefit of the program.

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[2]Judith A. Davis was responsible for the initial development and implementation of the inservice training program. Subsequently, Mary M. Porter continued to offer and elaborate the program.

The training program was aimed at rural professionals who have the potential for increasing the services they provide to the target population. They may be identified with a variety of disciplines. Their professional training usually has provided them with some of the concepts and skills necessary to assist young retarded children and their families, but they are currently unable to provide the services because of major gaps in their expertise. For example, a special education teacher in a local public school can be expected to be familiar with teaching methodology. Few teachers, however, have been exposed to information on handicapped infants during their training. On the other hand, a public health nurse may be quite knowledgeable about early child development while having little systematic exposure to diagnostic-perscriptive teaching approaches for the young handicapped child. The training program was designed to plug these gaps for rural professionals.

The FIT training program had wide appeal to rural professionals; it attracted a total of 21 persons in the four communities served by the project. In one community, participants included a pediatric nurse employed in a small private medical clinic, a psychologist from the local satellite branch of the regional mental health center, a special education teacher from the county school system, a child development specialist from the State Office of Child Development and an outreach social worker from the state regional facility for mentally retarded persons. In other communities, the training programs attracted public health nurses, directors of special education for county school systems, head start teachers, public health social workers, and staff members of adult training facilities for the mentally retarded. Participants had the backing of their agencies for participating, but they generally had to work additional hours to make up for the time spent in seminars.

The structure of the training program fostered interagency coordination, although it was designed primarily to enhance the skills and knowledge of the participants. Local professionals met for training seminars one half day each week for nine months. In addition, trainees took one full day each month to meet with consultants or to conduct a field trip to observe other intervention programs. One of the reasons the training program was able to facilitate interagency coordination was simply that it brought these various local rural professionals into contact with one another on a regular basis. Personal relationships among the participating professionals grew out of these contacts.

The format for the seminars included didactic presentations and, especially, extensive discussion in which trainees were encouraged to apply conceptual materials to individual cases from their own caseload. Another critical element of the program was supervised practicum training. During a portion of the morning, the seminar participants joined the families and trainees in the educational clinics and practiced their early intervention skills under the supervision of project staff. This training format encouraged discussion by local rural professionals about their professional skills, their roles, their own cases, and other relevant professional issues. Participants used seminar sessions for extensive sharing of information, within the limits of confidentiality, about their work, agencies and clients, thereby enhancing coordination.

The training curriculum was quite comprehensive. Based on an analysis of the competencies required to provide quality educational services, training included the content areas of early child development, developmental deviations and handicapping conditions, educational programming and curriculum development, diagnostic-perscriptive teaching, parent training, and community liaison.

Interagency Coordination

The inservice training program provided avenues for several kinds of interagency coordination. Participants shared general information about their own professional roles and the services offered by their agencies. They coordinated their efforts in regard to specific clients on their active caseload. And, they used the inservice training sessions to coordinate their community-wide efforts to develop new services.

While rural professionals are often very well informed about existing services, our experience in the FIT Project revealed that rural service providers sometimes are surprisingly isolated from one another and, particularly, from state agencies serving their communities. The training sessions gave participants ample opportunity to discuss the details of the services provided by the agencies represented. They also exchanged information about eligibility and referral procedures. Through these interchanges, the local professionals became much more familiar with the full range of human services available in their communities and were able to make increasing use of them for their clients. An example of this level of coordination occurred when a social worker from the state residential facility for mentally retarded persons discovered that a nurse in a private rural medical clinic could conduct developmental screening evaluations for infants. The social worker then began to refer patients to her for this service. In another instance, a school social worker provided information on preschool services available through the local school system, along with the details of referral procedures, to a county public health nurse. The nurse was then able to refer children for preschool educational services as she came across them during her own home visits.

In addition to general information on agencies and services, participants used the training sessions to keep abreast of current program openings, and to determine if particular children were eligible for services, and to refer children and families for services. To illustrate this mechanism of coordination, a public health nurse discovered a seven-year-old severely handicapped child in a remote area who was eligible for the special education program in the county school system. She then encouraged the family to contact the school, while the special education teacher who participated with her in the training program assisted the family in making arrangements to place the child in the school program.

When several of the local professionals were involved with the same children or families, they often took time during the training sessions to coordinate their services to particular clients. This coordination was important to avoid duplication of services, to develop a coherent service plan, and to avoid gaps in service delivery. For example, in one community,

the state outreach social worker and the local psychologist discussed who would refer a particular youngster for a needed hearing evaluation and follow-up on the results of the evaluation. This coordination avoided confusion for the client family and assured that referral and required follow-up would, in fact, be completed. The director of special education and the local public health nurse in another community jointly decided which local children could benefit most from the diagnostic evaluations that were to be conducted in their community by a visiting team from the regional developmental evaluation center.

The most dramatic example of coordination occurred at the level of community organization. Participants in each of the four training programs worked actively to develop resources to continue the services for children and families initiated by the FIT Project with federal funds. They regularly used a portion of the time during the training program for these community organization efforts. For example, the participating local professionals, along with several parents served by the FIT Project, formed a local Child Development Council in one community. Later, the Council also met regularly outside of the training program. The ongoing work of this Child Development Council eventuated in a detailed plan for continuing preschool services in the county on a permanent basis. They presented their ideas to the community and generated financial support for the program. As a result of these efforts, the services of the FIT Project are being continued through a combination of state and local funds in this community. The training program was also instrumental in catalyzing local professionals in each of the other three counties served by the project so that they, too, developed proposals and were able to continue the project services to children and families.

Conclusions

Inservice training for rural professionals can be an effective device for increasing coordination among rural human service agencies. Coordination can occur in the form of sharing of general information about agency services, coordination around individual clients, and coordination of community-wide efforts to develop new service programs. Several procedures can serve to enhance the value of an inservice training program as a means of facilitating interagency coordination.

Bringing representatives from several rural agencies together for regular contact concerning common areas of interest is a powerful strategy by itself. In addition, the training program should have sufficient flexibility to allow extensive informal communication among participants. The informal discussions in the FIT Project often took place prior to beginning the formal seminars, during breaks, and after the formal agenda of the meeting had concluded. At other times, however, the training coordinator allowed extra time to encourage these very informal exchanges by shortening the formal seminar presentations.

It is also possible to broaden the scope of the agencies involved in coordination by inviting representatives of other agencies to special training events. For example, when a consultant is invited to speak as part of the inservice training program, it is useful to notify a variety

of local and state agencies and invite them to send representatives to the presentation. In this way, inservice training provides additional opportunities for informal contact among professionals serving rural regions and increases the opportunities for interagency coordination.

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About the HCEEP Rural Network

The Handicapped Children's Early Education Program (HCEEP) Rural Network is an association of professionals representing educational programs for young handicapped children in rural communities. Members are drawn primarily from projects supported by the HCEEP, Office of Special Education, Department of Education. Formed in 1978, the Rural Network undertook to provide a voice for rural America's young handicapped children and their families. The network aimed to increase educational opportunities for this population through the accomplishment of a variety of activities. Participating projects also intended to enhance their own effectiveness in providing educational and supportive services in rural areas. For further information, contact:

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